



6P3764
PATENT
Attorney Docket No. 101.0053-00000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Gary K. Michelson)
Serial No.: 08/480,908) Group Art Unit: 3764
Filed: June 7, 1995) Examiner: M. Brown
For: THREADED FRUSTO-CONICAL)
INTERBODY SPINAL FUSION)
IMPLANTS)

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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OCT 03 2003
TECHNOLOGY CENTER R3700

Sir:

CERTIFICATE OF MAILING VIA FIRST CLASS MAIL

Date of Deposit: September 23, 2003

I hereby certify that:

1. Transmittal Form (in duplicate)
2. Status Inquiry
3. Amendment
4. Information Disclosure Statement Under 37 C.F.R. § 1.97 (c) with Form PTO-1449 and 39 documents (including English language abstracts, translations, and/or equivalents)
5. Check in the amount of \$180.00 (Information Disclosure Statement fee)
6. Self-addressed return postcard receipt

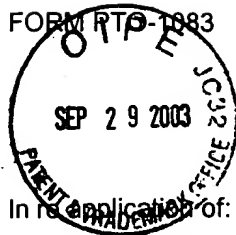
are being deposited with the United States Postal Service to Addressee with sufficient postage as first class mail under 37 C.F.R. § 1.8 on the date indicated above and are addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Date: September 23, 2003


Sandra L. Blackmon

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Gary K. Michelson

Serial No: 08/480,908

Filed: June 7, 1995

For: THREADED FRUSTO-CONICAL
INTERBODY SPINAL FUSION IMPLANTS

Art Unit: 3764

Examiner: M. Brown

 Commissioner for Patents
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 Alexandria, Virginia 22313-1450

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Dear Sir:

Transmitted herewith is an Amendment for the above-identified application.

- ☐ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.
- ☒ A Status Inquiry is enclosed.
- ☒ An Information Disclosure Statement Under 37 C.F.R. § 1.97(c) with Form PTO-1449 and 39 documents (including English language abstracts, translations, and/or equivalents) are enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	173	-	178 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6 ***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A check in the amount of \$180.00 for the Information Disclosure Statement fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

 Respectfully submitted,
 MARTIN & FERRARO, LLP

Date: September 23, 2003

By:

 Thomas H. Martin
 Registration No. 34,383

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